

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/914,556</div>		Filing Date	
							Applicant(s)			

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/			
2		/					52	/				
3		/					53	/				
4		/					54	/				
5		/					55	/				
6		/					56	/				
7		/					57	/				
8		/					58	/				
9		/					59	/				
10		/					60		2			
11		/					61		3			
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
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27		/					77					
28		/					78					
29		/					79					
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31		/					81					
32		/					82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep	9				
Total Depend							Total Depend	57				
Total Claims							Total Claims	66				